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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	10/783,775
Filing Date	February 20, 2004
First Named Inventor	Maser, Franz
Title	Multi-perforated collagen film
Art Unit	1732
Examiner Name	DANIELS, MATTHEW J
Attorney Docket Number	G80-042US

I hereby revoke all previous powers of attorney given in the above-identified application

I hereby appoint:

 Practitioners associated with the Customer Number:

21706

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Country

Telephone

State

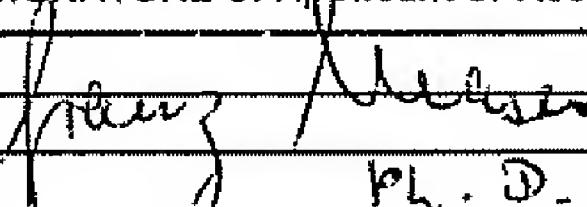
Zip

Fax

I am the:

 Applicant/Inventor Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature	FRANZ MASER		Date	May 21, 2007
Name			Telephone	+49 6201 86 360
Title and Company		PL. D.	Naturin GmbH + Co. KG	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

 \*Total of 2 forms are submitted.

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P O Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

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**SIGNATURE of Applicant or Assignee of Record**

Signature	OLIVER TUERK <i>Oliver Turk</i>	Date	27.5.02
Name	Dr. OLIVER TÜRK	Telephone	
Title and Company	+49 173 304 5997		

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Signature	OLIVER TUERK <i>Oliver Turk</i>	Date	27.5.02
Name	Dr. OLIVER TÜRK	Telephone	
Title and Company	+49 173 304 5997		

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